**Official Application**

**Instructions:** 1. The PD application form should be completed in full and submitted to the Ed. Programs Office a minimum of one month prior to registration deadline.

2. If you apply for IB or AP workshop, please submit your PD application form to the IB or AP coordinator first.

**School Year:** **20**     / **20**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** (Print**):** |  | **Date application submitted:** |  |

**ES**  **MS**  **HS  Other (Please specify)**      **Pudong**  **Puxi**

Teaching Assignment or Position:

**Conference/Workshop/Course**

Title of conference/workshop/course:

Dates of conference/workshop:       No. of school days absent:

Final registration date:       Location:

Anticipated completion date:

*Estimated Costs* **IB & AP Coordinator Use only check here if no costs are anticipated**

|  |  |  |
| --- | --- | --- |
|  | Registration Fee | IB AP Approved amount       Code |
|  | Transportation | Category A Category B Category C |
|  | Accommodations | Recommending Coordinator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Food |
|  | Materials |
|  | Total Costs |

**USD** **RMB Other**     **(specify)**

**Summary Description** (Please include syllabus or description of the proposed professional development activity with this form):

**Check the PD funding criteria supported by this course / conference / workshop?** (Check all that apply)

* + - 1. Promotes personal professional growth aligned with goals set with manager, supervisor or principal
      2. Directly influences student learning
      3. Aligns with school and/or performance goals
      4. Is data-driven (based on a need supported by data/supporting evidence)
      5. Relates to my SAS responsibilities and work

# How will this Professional Development experience meet the criteria above? How does this support your professional goals? (Please be specific)

**How will you share what you learn?**

**\_\_X\_\_\_** Learning notes emailed or posted on the SAS Professional Development Network www.saspdn.ning.com **(expected)**

\_\_\_\_\_ Presentation to initiative group \_\_\_\_\_ Faculty meeting \_\_\_\_\_ Department or grade level meeting

**Principal’s or Manager’s Recommendation:** The supervisor is asked to approve this request based on its appropriateness to the teacher’s job assignment and/or approved performance goals.

\_\_\_\_\_Recommended \_\_\_\_\_Not Recommended Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

---------------------**Return this page to the Ed. Programs Office - Puxi Campus attn: Huiling Pan-----------------------------**

**PD Committee Chair approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursed at 50% 75% 80% 100% Other      % Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: